

Enrollment Addendum for CACFP	Child's name:	Date of birth:	Date of enrollment or annual update:
	Normal hours of care: from: to: Shift care: Yes <input type="checkbox"/> No <input type="checkbox"/> from: to:	Normal Meals Received: Breakfast <input type="checkbox"/> A.M Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Eve. Snack <input type="checkbox"/>	Alternate meals/days: (optional) Specify alternate days: _____ _____ Breakfast <input type="checkbox"/> A.M Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Eve. Snack <input type="checkbox"/>
	Normal days of attendance: <input type="checkbox"/> Sunday <input type="checkbox"/> Thursday <input type="checkbox"/> Monday <input type="checkbox"/> Friday <input type="checkbox"/> Tuesday <input type="checkbox"/> Saturday <input type="checkbox"/> Wednesday		
Parent/Guardian signature:			Date:



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